Original Research

Assessment of socio- demographic profile of women with endometrial carcinoma

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ABSTRACT:
Background: Endometrial cancer is the second most common cancer among female cancer survivors. The present study was conducted to assess socio- demographic profile of women with endometrial carcinoma. **Materials & Methods:** 54 female patients with endometrial carcinoma were included. All subjects were subjected to gynecological history, socio-economic and demographic factors. **Results:** Out of 54 patients, age group 20-40 years had 8, 40-60 years had 12 and >60 years had 34 patients. Socio-economic status was very good in 12 and 15, good in 14 and 12, bad in 20 and 13 and very bad in 8 and 14 in group I and II respectively. Educational status was low in 10 and 14, medium in 32 and 22, high in 12 and 18. Marital status was married in 24 and 28, widow in 10 and 12, single in 8 and 8 and divorced in 12 and 6. Residence was rural in 30 and 28 and urban in 24 and 26 in group I and II respectively. **Conclusion:** Patients with endometrial cancer had poor socio-economic status, poor education and most of them were married and divorced.
Key words: endometrial cancer, Married, Socio- economic status

INTRODUCTION

Endometrial cancer is the second most common cancer among female cancer survivors in the US, with an estimated 757,190 survivors in 2017.[1] In addition, it is one of the few cancers in the US with an increase incidence rates.[2] The death rate for this cancer has also been increasing, with an average increase of 1.4% per year between 2005-2014 and an estimated 10,470 deaths in 2016. The overall five-year survival for endometrial cancer is 87%.[3]

Researchers have hypothesized that women with constant exposure to endogenous or exogenous estrogens not opposed by progesterone are at increased risk for this neoplasia.[4] This hypothesis is supported by the increased risk of endometrial carcinoma in women with increased exposure to unopposed estrogens (related to obesity, early age at menarche, late age at menopause, low parity or nulliparity, certain types of ovarian tumors, history of menstrual disorders, history of infertility and use of estrogen replacement therapy).[5]

Incidence rates of endometrial carcinoma show wide inter-country variations. Carcinoma of the corpus uteri is a disease of affluent societies and countries with westernized lifestyles. Most recent data show incidence rates from 0.4 per 100.000 in Qidong, China.[6] The present study was conducted to assess Socio- demographic profile of women with endometrial carcinoma.

MATERIALS & METHODS

The present study comprised of 54 female patients with endometrial carcinoma. All were informed regarding the study and their written consent was obtained. Data such as name, age, gender etc. was recorded. All subjects were subjected to gynecological history, socio-economic and demographic factors. Information such as age, height, weight, cigarette and alcohol consumption, past medical history, parity, education and socio-economic status were recorded. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

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RESULTS
Table I Distribution of patients

| Total- 54		
Age group	**Number**	**P value**
20-40	8	0.01
40-60	12	
>60	34	

Table I shows that out of 54 patients, age group 20-40 years had 8, 40-60 years had 12 and >60 years had 34 patients. The difference was significant (P< 0.05).

Table II Socio-demographic characteristics

Parameters	Variables	Group I	Group II	P value
Socio-economic status	Very good	12	15	0.05
	Good	14	12	
	Bad	20	13	
	Very bad	8	14	
Educational status	Low	10	14	0.02
	Medium	32	22	
	High	12	18	
Marital status	Married	24	28	0.05
	Widow	10	12	
	Single	8	8	
	Divorced	12	6	
Residence	Rural	30	28	0.01
	Urban	24	26	

Table II, graph I shows that socio-economic status was very good in 12 and 15, good in 14 and 12, bad in 20 and 13 and very bad in 8 and 14 in group I and II respectively. Educational status was low in 10 and 14, medium in 32 and 22, high in 12 and 18. Marital status was married in 24 and 28, widow in 10 and 12, single in 8 and 8 and divorced in 12 and 6. Residence was rural in 30 and 28 and urban in 24 and 26 in group I and II respectively. The difference was significant (P< 0.05).

Graph I Socio-demographic characteristics
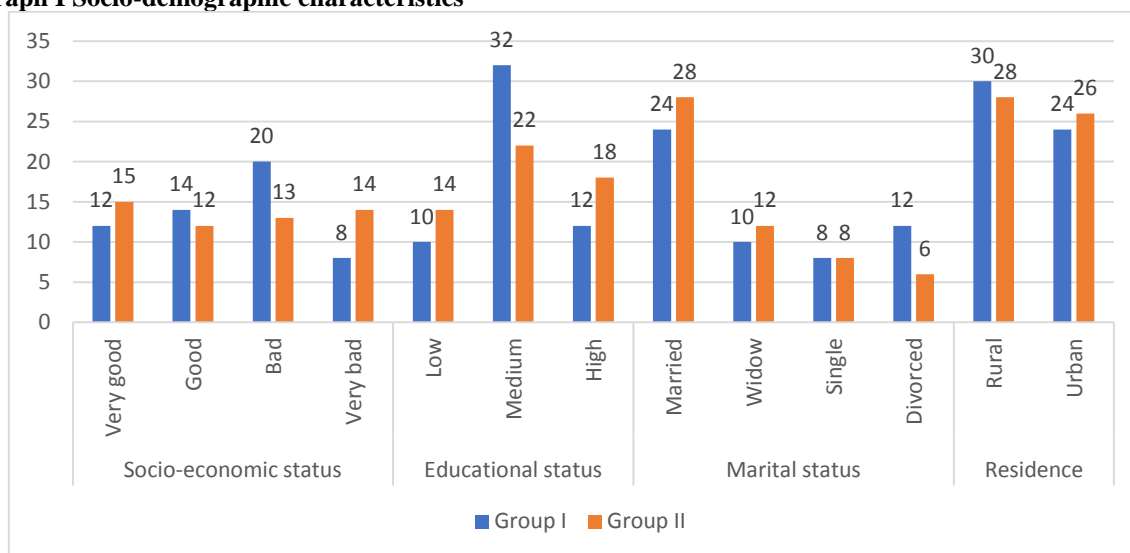
DISCUSSION
Endometrial cancer treatment can include surgery, chemotherapy, radiation, hormone therapy, and/or targeted therapy. Many of these treatment options require multiple visits over a longer period of time.[7] Rural patients may have a greater geographic accessibility burden, which could account for the differences in treatment have been observed between rural and urban endometrial cancer patients.[8] Rural patients received a less comprehensive surgical evaluation and are less likely to have multimodality treatment and have any lymph nodes removed. These treatment differences have been previously associated with lower survival rural endometrial cancer patients.[9] While previous studies have examined treatment differences as a factor in survival differences, they

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have not examined how prognostic factors, such as age at diagnosis, baseline health, and stage of diagnosis may be associated with decreased survival in rural areas.[10] The present study was conducted to assess Socio- demographic profile of women with endometrial carcinoma.

In present study, out of 54 patients, age group 20-40 years had 8, 40-60 years had 12 and >60 years had 34 patients. Blackburn et al[11] found that there were 2,994 endometrial cancer patients and 14.1% of these patients lived in rural areas at diagnosis. Rural endometrial cancer patients were older at cancer diagnosis and did not appear to be different in terms of obesity or overweight at cancer diagnosis. There were no differences for treatment or stage at diagnosis although rural patients had higher proportions of higher grade. Age at diagnosis, poverty, education, and histology were significant prognostic factors for all-cause death. Rural patients with more advanced stages of cancer had significantly increased risks of all-cause and endometrial cancer-specific death than urban patients. Rural endometrial cancer patients diagnosed at advanced stage had a 17-fold increase in the risk of all-cause death compared to an 8-fold increase in death for urban patients. Rural endometrial cancer patients in Utah were older at diagnosis, had higher grade and higher comorbidities. While urban and rural endometrial cancer patients shared many prognostic factors, the risk of mortality is greater among rural patients with advanced stage endometrial cancer. Future studies should examine where patients are receiving treatment and how that impacts their survival and how to reduce the mortality rates of high-risk patients.

We found that socio-economic status was very good in 12 and 15, good in 14 and 12, bad in 20 and 13 and very bad in 8 and 14 in group I and II respectively. Educational status was low in 10 and 14, medium in 32 and 22, high in 12 and 18. Marital status was married in 24 and 28, widow in 10 and 12, single in 8 and 8 and divorced in 12 and 6. Residence was rural in 30 and 28 and urban in 24 and 26 in group I and II respectively. Strininc et al[12] described general health, socio-economic and demographic characteristics of endometrial cancer patients in comparison to healthy women. The endometrial cancer patients were more often older, postmenopausal, with higher body weight, and frequent history of hypertension and diabetes than controls. The healthy women had greater number of deliveries, used oral contraceptive and hormone replacement therapy, were smokers and alcohol consumers and lived in urban centers more often than patients. The cancer patients had worse socio-economic status, less education, and were more frequent single and widowed than controls. These data may be relevant for public health services in the future to improvement quality of life of the cancer patients.

CONCLUSION
Authors found that patients with endometrial cancer had poor socio- economic status, poor education and most of them were married and divorced.

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